



APPLICATION FOR REGISTRATION
VIRGINIA LIVESTOCK AND/OR POULTRY DEALERS AND/OR AGENTS
VDACS-03214
O VS(9/00)

NAME / ADDRESS OF REGISTRANT

TELEPHONE: (Include Area Code)

COUNTY:

FORM OF ORGANIZATION

☐ Individually Owned ☐ Partnership ☐ Corporation (Chartered by ____ [State]) ☐ Cooperative Association ☐ Other (Specify) _____

TYPE OF LIVESTOCK HANDLED

☐ Cattle ☐ Sheep ☐ Swine ☐ Equine ☐ Goats ☐ Poultry ☐ Other _____

TYPE OF POULTRY HANDLED

☐ Hatching Eggs (Barter/Buy/Sell/Exchange) ☐ Chickens ☐ Ducks ☐ Turkeys ☐ Native/Exotic Birds ☐ Wild Birds Indigenous to VA

NAME/ADDRESS OF EMPLOYER (If Applicable)

NAME/ADDRESS OF AGENTS EMPLOYED BY YOU WHO NEED PERMITS (Use reverse if necessary)

DO YOU BUY, SELL, OR TRANSPORT IN COMMERCE ANY DYING, DISEASED OR DISABLED LIVESTOCK? ☐ YES ☐ NO

DO YOU BUY OR SELL LIVESTOCK AND/OR POULTRY INTERSTATE? Livestock: ☐ YES ☐ NO Poultry: ☐ YES ☐ NO

BRIEFLY DESCRIBE THE GENERAL NATURE OF YOUR DEALERSHIP. (Attach additional sheet if necessary)

NAME AND LOCATION OF ALL ASSEMBLY BARNs OR YARDS OWNED OR USED BY APPLICANT.

OTHER NAME(S) UNDER WHICH BUSINESS IS TRANSACTED.

PACKERS & STOCKYARDS REGISTRATION NUMBER: (If applicable)

OTHER STATE DEALER REGISTRATION NUMBER(S): (If applicable)

Have you or any individual connected with your operations violated any state or federal laws or regulations governing the interstate or intrastate movement, shipment or transportation of livestock and/or poultry? ☐ YES ☐ NO

If yes, describe the nature of the violation and the date(s) involved.

CERTIFICATION STATEMENT

In signing this application, I certify that all entries are true and correct to the best of my knowledge, and I certify that I have read the requirements of the regulations authorizing the State Veterinarian or his representative to have access to and to copy any and all records of my dealership required by the regulations. I certify that I will comply with all required Virginia and federal animal health laws, regulations and directives.

Date

Title

Signature

Typed/Printed Name

MAIL ALL COMPLETED APPLICATION FORMS TO:

VDACS, DIVISION OF ANIMAL INDUSTRY SERVICES, Office of Veterinary Services, P. O. Box 1163, Richmond, VA 23218

FOR OFFICE USE ONLY

NEW	RENEW	CAT CODE	REGIS. NO.	FIPS CODE	REG. CODE	RECEIVED	KEYED	MAILED

ADDITIONAL INFORMATION
(As referenced on front of form)

GENERAL INFORMATION

All sections on the reverse of this form shall be completed by each registrant. Permit numbers and category codes shall be assigned by the VDACS, Division of Animal Industry Services, as completed forms are received.

As appropriate, VDACS regional personnel shall complete category, FIPS and region codes.

CATEGORY CODES

- 10 - Livestock Dealer (Issuance of permit to cover dealing in all classes of livestock as well as 3-D animals)
- 11 - Cattle Dealer (Issuance of permit to cover dealing in cattle only)
- 12 - Swine Dealer (Issuance of permit to cover dealing in swine only)
- 14 - Poultry Dealer (Issuance of permit to cover dealing in poultry/eggs)